

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048981

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

225

Primary Registration District No.

3053

Registrar's No.

285

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 2 1964

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Rolla

Length of stay in 1b

20 Mins

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Grays Cafe HiWay 63
South in Rolla

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Iowa

b. COUNTY

Apanoose

c. CITY

OR

TOWN

Mystic

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

Rural

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

LEE

Middle

ROY

Last

EVANS

4. DATE

OF

DEATH

Month

December 22,

Day

1963

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

8-21-96

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming-Rural Carrier

10b. KIND OF BUSINESS OR INDUSTRY

Ag. & US Mail

11. BIRTHPLACE (City and state or country)

Mystic, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lee Edgar Evans

13b. MOTHER'S MAIDEN NAME

Minnie Haines

14. NAME OF HUSBAND OR WIFE

Margery L. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

Yes

W.W.1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Margery L. Evans, Mystic, Ia.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN

ONSET AND DEATH

Sudden

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

(History of heart trouble)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her him alive on _____
Death occurred at _____ Approx. 11:50 AM _____ the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Nadene L. Stoll, Local Registrar

22b. ADDRESS

Rocca, Mo

22c. DATE SIGNED

12-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-22-63

23c. NAME OF CEMETERY OR CREMATORY

Concord Cemetery

23d. LOCATION (City, town, or county)

Mystic, Iowa

24. FUNERAL DIRECTOR

By Paul E. Null

Address

Son Funeral Home... Rolla

25. DATE RECD. BY LOCAL REG.

Dec. 22, 1963

26. REGISTRAR'S SIGNATURE

Nadene L. Stoll

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5 1964

JAN 6 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. _____

4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.